## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if X 24-hour report 48-hour report New report X Amends report filed	i on 10 22 2014
Full Name of Payee	Date of Public Distribution/Dissemination
AKPD Message & Media LLC	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 730 North Franklin Street, #404	Amount
City State Zip Code	127642.60
Chicago IL 60654	Transaction ID : D553262 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad  Category/ Type  004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
JONI K ERNST Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:
Full Name of Payee  COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	872.00
Washington DC 20001	Transaction ID : D554019  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type 001	10 21 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President State: KY Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	128514.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed]  Signature  ☐ Signature	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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